
REPORT

OF THE

Payne Whitney Psychiatric Clinic

1950



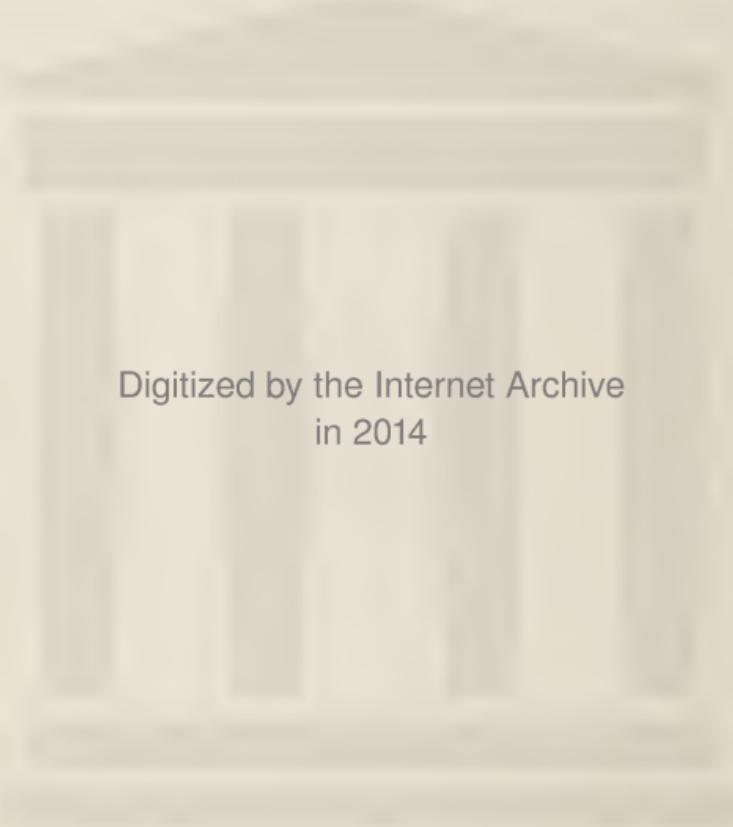
THE SOCIETY OF THE NEW YORK HOSPITAL
525 EAST SIXTY-EIGHTH STREET
NEW YORK 21, N. Y.

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ANNUAL REPORT

DEPARTMENT OF PSYCHIATRY

To the Board of Governors of
The Society of the New York Hospital:

GENTLEMEN:

I have the honor of presenting herewith the report of the Department of Psychiatry in New York for the year ending December 31, 1950.

SOCIAL PSYCHIATRY

The task of psychiatry is to study and treat disorders of the functioning of the personality. However, its borders have expanded steadily. When it was generally accepted that environmental factors are important and must be studied and modified with every patient, the psychiatrists' interests became focused on social problems. The theory that a person forms a bio-social unit is now recognized and accepted. Physical and emotional development are inseparably tied in with the social organization. Health therefore includes the concept of social well-being. The goal of medicine is not only to make it possible for an individual to live without seriously disturbing conflicts within himself, but also with those around him and with his community. The maintenance of mental health and prevention of personality disorders can be achieved only if the individual and his community are understood. The study of these many interwoven factors presents a task to the modern psychiatrist for which he is ill-equipped. The psychiatrist is trained to study individuals rather than social factors as they affect individuals. The actual understanding of groups in which individuals function has been outside his sphere of interests. It is necessary that a new kind of psychiatric thinking and methodology be developed. This field of psychiatry has been given the name "social psychiatry."

The need for the development of social psychiatry was urgent. After careful deliberation it was decided to develop such a de-

partment and on July 1st, 1950, Dr. Thomas A. C. Rennie was appointed Professor of Social Psychiatry. It is the plan to develop a comprehensive community mental health program in the Kips Bay-Yorkville Health District. Since its opening in 1932, the Payne Whitney Psychiatric Clinic has, through its out-patient activities, taken care of many psychiatric disorders which occurred in this district, and has become acquainted with many social factors. In addition, much valuable knowledge of the social, racial, and economic organizations in the district is available. A sociological study which was carried out some years ago offers considerable information on the size of families and types of homes and of the location of social, religious, and educational facilities.

In the field of social psychiatry, the psychiatrist must form a team with representatives of other disciplines who can bring the knowledge of their sciences to the total problem. Important members of such a cooperative group are the psychologist, sociologist and anthropologist, educator, public health physician, and representatives of all branches of medical science. The advice and help of ministers and social agencies is also needed.

The stress of life in our present-day culture is little understood. Psychiatry has studied for years the reactions of individuals to various periods of strain in their lives. The emphasis is placed on the individual personality and the influences and experiences in its development which have made it vulnerable. The prevention of psychological difficulties will not be possible if the social, as well as the psychological, forces in the family are not studied.

Through the study of the community factors which exert an unhealthy influence on individuals, tensions will become obvious and possibilities for their correction or amelioration will be found. An even more important task of social psychiatry in the preventive field is the finding and using of positive factors in the life of the community. Thus, it will become possible to create security in the infant and child, the adolescent, the adult, and the aging.

The development of social psychiatry is at present in the phase of formulating the various problems and finding new

methods of approach to social problems and new techniques. From the beginning, the closest working arrangement with the social science disciplines is essential. The next phase will be the determination of the incidence of mental and emotional health problems in the selected community. Then will follow the study of the resources which are needed for the prevention and treatment of these health problems. An intensive educational program for the community will be an essential part of social psychiatry.

The field of social psychiatry is wide. Many special interests which have evolved in psychiatry belong in this field. New interests will develop. The relation of social stress to psychiatric and social disabilities is well known but has been insufficiently understood in such problems as delinquency, prostitution, alcoholism, and drug addiction. Little understood are the tensions which relate to work (especially in large areas of industry), to unemployment, and idleness. Although employment counselling has attracted much attention in recent years, the selection of suitable and attainable goals for the intelligent and the dull person will remain frequently hazardous until more is known about the psychological and social dynamic factors in a given job situation.

Anybody who is obliged to find suitable recreation in a new community is confronted with marked difficulties. Equally important to work is the filling in of leisure time with occupations which satisfy one's individual needs.

It is hoped and expected that the development of social psychiatry will make the Payne Whitney Psychiatric Clinic an active force in the community. Research in the many facets of community mental health will not bring startling results in the near future. The function of such research can be recognized and appreciated only after much time, thinking, and untiring effort have been expended.

1. IN-PATIENT SERVICE

The manifold activities of the Psychiatric In-Patient Service can be seen when one realizes that during this past year the patients varied in age from 12 to 76, some suffering from severe physical illness with limited activities, while the majority was

in good physical health, in need of an active occupational and recreational routine. Whereas some patients required much individual attention, most were more or less able to take care of their personal needs. Such an in-patient service needs a well-functioning team of nurses and occupational and recreational workers who, through the patient's physician, are constantly guided by changing medical indications of variation in activities.

Although individual psychotherapy is one of the strong features of treatment in the in-patient service, the teamwork of all those who have a direct or indirect influence on the patient is essential. Treatment is therefore concerned with all aspects of the hospital and its administration. During the past year special attention has been directed to a better understanding and, with it, better management of the group of patients who form the unit of each floor. The use of social behavior charts, which are kept by the nurses, illustrates clearly the patient's adjustment to the group. The time which the nurse uses for this charting is well spent. Not only has it led to improved psychotherapy by the physician, but the improvement in group relationship prevents many behavioristic difficulties which in a psychiatric hospital take so much of the nurse's time. On the floors for disturbed patients, where more individual attention is needed, the nurses chart all the obvious psychopathology. These charts make it possible to recognize symptoms which deserve special attention. The behavior for 24 hours must be taken into consideration in evaluating indications for somatic treatment. The efficacy of the treatment is revealed in the changing picture of the chart.

The relationship between patient, physician, and nurse is especially important with disturbed patients. Whenever physician and nurse do not understand each other and agree wholeheartedly on the treatment, the patient will sense it and become more insecure. The resulting anxiety or resentment may lead to conflicts with the environment and express itself in anger, combativeness, and excitement or pathological withdrawal. It is most gratifying to be able to state that during this past year, every kind of excitement and disturbed behavior was treated on these floors with relatively little difficulty. It is true that the effective use of insulin and electroconvulsive therapy, as well as

prolonged bath and cold wet pack, has been most important in preventing or diminishing severe behavior disorders. This treatment can, however, give optimal results only if a sound and strong patient-physician-nurse relationship exists.

A total of 223 new patients was admitted (previous year, 227), with a daily average of 82 patients in the clinic (previous year, 84), and a total number of 320 patients treated (previous year, 314). The total number of patient days was 29,772 as compared with 30,725 in 1949. The total number of women patients treated was 195 (194 in 1949); the total number of men, 125 (120 in 1949). The number of male patients has been about the same for the last few years.

The largest number of patients came from the New York City area (103); 60 came from other parts of New York State, and 60 came from states other than New York. Thirteen patients were transferred from other in-patient departments of The New York Hospital.

As in previous years, the majority of the patients fell within the age group of 20-44 (126); 62 were between the ages of 45 and 59; 13 were 60 or over, whereas 22 were under twenty years of age.

Of the patients discharged, 165 recovered or were considerably improved. Sixty-one patients showed little or no improvement. Four patients were transferred to the Westchester Division of The New York Hospital, and 21 were referred to other private or state hospitals. Eight patients were transferred to the surgical and medical divisions of The New York Hospital. Ninety-five patients were sent to the general hospital for various kinds of somatic treatments, including surgical procedures.

In addition to the routine examination of the internal medical aspects by Dr. Milhorat's division, there were 1,541 supplementary examinations done by various specialists. This number includes routine ear, nose and throat (112), eye (92), and gynecological (55) examinations; X-ray (507); electrocardiographic (95), and electroencephalographic studies (517). In addition, 171 consultations for special problems were necessary. The Dental Department examined 141 new patients, many of whom required dental treatment. The general chemical and clinical

pathological work on all patients in the clinic has continued at a high level of technical performance.

The type of disorders treated during the past few years has changed little. A high number of psychoneurotic patients (59) has been admitted, and 8 patients were treated for psychopathic difficulties. The interest in the study and treatment of chronic alcoholism has remained of importance, and 13 alcoholic patients and one drug addict were admitted. In a considerable number of patients emotional factors had produced physical symptoms or aggravated a physical illness. In these patients combined psychiatric-medical treatment was necessary.

The nursing service was fully staffed until September when the effects of the general shortage of nurses became apparent. It is not to be expected that all vacancies can be filled as long as the present national emergency exists. Nevertheless, through the loyalty and cooperation of the whole nursing personnel it was possible to offer a non-restricted nursing care. Time-consuming insulin treatment as well as prolonged bath and cold wet packs were administered daily. Several times a week some patients received electroconvulsive therapy. In all these therapeutic activities and in many others, as well as in the routine on the floor, the nurses and nurses' aides play an essential role.

During the course of the past year, 22 volunteers have given some help to the Nursing Service. These volunteers assisted the nurses with patients in the beauty parlor, and in collecting and distributing Gift Shop orders. The aid of the volunteers has relieved the nursing staff of many non-professional responsibilities. For the second year, two volunteers have assumed responsibility for the patients' library. The help of these volunteers is warmly appreciated by the patients and the members of the staff.

In the Occupational Therapy Department, diversified activities have been carried out. Emphasis has been given to the selection of occupation on the basis of the patient's interests, his psychopathological difficulties, the suitability of the work, and its relationship to a good social group response. Occupational therapy, whenever possible, is carried out in groups, whether it be in the work rooms of the Occupational Therapy Department or on the various floors. Constant improvement in safety

methods are devised in order to permit disturbed and suicidal patients to engage in varied activities. The occupational therapists also advise patients with regard to work which they might like to do in their leisure time. Special attention, in collaboration with research psychologists, is directed at helping and stimulating patients on whom lobotomy operations have been performed. The results of such an operation depend to a large extent on psychiatric treatment which can utilize occupational interests and socialization.

The Recreational and Physiotherapy Department has used physical and social recreational facilities. In a hospital which is located in a city, physical recreation is limited. The well-equipped gymnasium is therefore used to its maximum capacity. Pingpong tables on the various floors are popular. Social recreation is important on the floors. Special social events, such as teas, lectures, and movies bring much needed distraction. More important in recreational activities, however, is the opportunity to socialize and to learn to become part of a group.

The Dietary Department has not only offered food of high quality but has carried a considerable burden in preparing special diets for physically ill patients. The skill and aid of the dietitian are especially important in the study and treatment of disorders of metabolism.

MOVEMENT OF POPULATION SINCE OPENING OF CLINIC

Year	Admissions	Treated During Year	Discharged	Died	Patient Days
1932.....	67	67	27	1	...
1933.....	188	230	166	1	19,151
1934.....	184	248	185	3	22,436
1935.....	235	298	228	6	22,137
1936.....	283	353	277	6	22,708
1937.....	266	342	284	2	23,026
1938.....	267	325	249	3	23,738
1939.....	216	292	213	3	25,575
1940.....	267	346	268	4	24,912
1941.....	264	342	272	1	24,509
1942.....	226	296	221	1	26,598
1943.....	203	278	201	1	25,994
1944.....	240	317	238	0	27,017
1945.....	215	294	214	1	25,577
1946.....	234	314	237	2	27,424
1947.....	239	315	228	1	28,931
1948.....	207	295	208	2	30,866
1949.....	227	314	217	0	30,725
1950.....	223	320	227	1	29,772

2. OUT-PATIENT SERVICE

The general activities in the Out-Patient Service have changed little as compared with those in previous years. From a large number of applicants who are referred for diagnosis, only a limited number can be admitted for treatment. The other patients, after they have been examined by a senior staff member, are referred to suitable in- or out-patient services of other hospitals. In many patients this admission examination may be sufficient to find practical solutions for some emotional problems; in others, the aid of social workers may be needed.

The morning sessions are devoted to intensive long-term as well as brief psychotherapy administered largely by the senior assistant residents. Patients who need psychiatric support over a period of years are also treated in the morning sessions. The results which have been obtained from an intensive study of chronic patients during the last two years, make it now possible to plan the treatment of these patients in a more effective way by assigning them to individual staff members. In the treatment of chronic patients, the role of the social worker is essential. In the afternoon sessions valuable psychotherapy is carried out by senior medical students who are closely supervised by their clinical teachers.

The Child Psychiatry Division has reoriented its training program to offer education in behavior disorders of children to the resident staff and to psychiatrists on the out-patient staff. In future years the training of specialists in child psychiatry will be developed. All the senior assistant residents spent some time during the year in the study and treatment of children. A considerable number of children are studied in the Pediatric Out-Patient Service. Some children, suffering from minor emotional reactions, may need only brief study and practical advice for solving troublesome problems. Frequently, more time must be spent with the mother and, in a few cases, the mother may need prolonged treatment. If definite treatment is indicated for the child, he is referred to the Psychiatric Out-Patient Service. The intensive treatment of children is time consuming, and only a small number can be selected for it. Many children sent by agencies or schools to the Psychiatric Out-Patient Service need a thorough diagnostic study. Such studies can be effective only if

sufficient aid from social workers is available. The role of the psychologist is also most valuable. With the staff's increasing understanding of the community, and its schools and social agencies, more effective aid can be offered to an increasing number of children.

Group psychotherapy has been offered to two groups of children suffering from psychopathological difficulties. The first group included children who were very poorly adjusted socially and had to learn to participate in coördinated group activities. The second group was formed by feeble-minded and schizophrenic children. Group psychotherapy was used as a tool to prepare these children for individual psychotherapy or to adjust them emotionally so that they might enter an ungraded class in the public schools.

Psychiatric treatment was given to 1,111 patients in 7,420 visits in the psychiatric and other out-patient departments of The New York Hospital. This group consisted of 688 adult patients, and 138 children, treated in the Payne Whitney Out-Patient Department, 101 adult patients in the Medical Out-Patient Department, and 184 children in the Pediatric Out-Patient Department. Of the 806 patients treated in the Payne Whitney Out-Patient Department, 450 were new admissions, 305 adults and 51 children having been carried in treatment from the previous year. The largest number of new patients treated was referred from the general hospital (242, or 53.8 per cent); physicians in private practice sent 78 patients or 17.3 per cent of the total number; medical organizations, social agencies, schools, and friends referred 129 patients or 28.4 per cent; the Veterans Administration referred 1 patient or .2 per cent. The Pediatric Out-Patient Department sent 53 patients or 61 per cent of the new admissions for children, and the Medical and Surgical Out-Patient Departments referred 132 adults, a figure which represents 36.3 per cent of the new adult admissions.

Psychological tests were done on both children and adults. In the children's group 142 tests were given to 87 patients, and in the adult group 207 tests were given to 122 patients.

A considerable number of patients who were brought to the Emergency Service of The New York Hospital needed psychiatric assistance. This help was given by the members of the out-

patient staff during the hours from 9 a.m. to 5 p.m., and by the senior assistant residents during the remainder of the day.

As in previous years, there were considerable demands on the psychiatric service to medical students, to undergraduate and graduate nurses, and to the personnel of The New York Hospital and Cornell University Medical College. The large majority of these patients came spontaneously to the staff members who were known to be available to the various groups. Their problems varied from minor emotional reactions to involved psychopathological disorders. Accordingly, psychiatric help consisted of from one or two consultations to prolonged psychotherapy on an ambulatory basis. A few persons received treatment in the in-patient service.

3. SOCIAL SERVICE DEPARTMENT

As has been mentioned in previous reports the Social Service Department's activities are widespread. Although most of the social worker's time is spent on ambulatory patients, the contribution of social service to our in-patients is most important. The social worker does not merely save the physician's time in obtaining much-needed information from members of the patient's family, from schools, and employees, but in addition, her special knowledge of social situations and her technique of obtaining pertinent social information supplement those of the physician. Her active participation in achieving practical solutions in social and educational situations permits results which would otherwise be difficult to obtain.

The Social Service Department, together with a member of the medical staff, participated actively in meetings with representatives of other out-patient departments and social agencies in order to clarify what psychiatric resources are available and how they could be best utilized.

Considerable thought has been given to the development of shorter and more scientifically valuable recording. The total list of patients has been most carefully scrutinized. Many patients who live in distant districts were referred to hospitals in their neighborhoods. For some chronic patients, other arrangements seemed more suitable. The result is that many of the patients have been assigned to the closed list. The number

of patients included in the following statistical data is therefore much smaller than in previous years, but presents a more accurate picture of the activities of the department.

Following is a statistical report of the department's activities during the year 1950. A total number of 685 patients received aid, including 395 adults and 229 children in the Payne Whitney Out-Patient Department, and 53 adults and 8 children in the In-Patient Department. The amount of work done is illustrated by the fact that 6,507 interviews were necessary. This number includes 2,674 interviews with patients, 1,038 with relatives, 168 conferences with agencies, 2,269 with physicians, and 358 with medical students. Three hundred and sixty agencies were used in 2,362 contacts, and 74 visits were paid to patients in their homes. There were 1,901 telephone conferences. The In-Patient Department referred 61 patients necessitating 576 interviews with patients and psychiatrists.

4. PSYCHIATRIC SERVICE TO THE GENERAL HOSPITAL

The Department of Psychiatry has continued to play an active role in diagnostic studies which aid the treatment of many patients in all the major departments of the general hospital. Only a small number of these patients required transfer to psychiatric hospitals.

During the past few years a definite trend has become established. There has been a steady decrease in the need for psychiatric help in the treatment of excited and delirious patients, and a considerable increase of requests for the evaluation of psychological factors in physical illnesses. Both trends are explained by medical progress. The greater control of infections has led to a decrease of deliria. Likewise, a better understanding of the influence of emotions on physiological functions has made the physician aware of the possible role of psychological factors. In the obstetrical service, this type of interest developed into a study of vomiting in pregnancy. All such patients were investigated carefully in repeated psychiatric interviews and with the help of the Rorschach experiment. This study has resulted in a better understanding of the psychological factors of pregnancy and better treatment of patients who suffered from vomiting.

A new aspect of the consultation service has been developed in the field of nursing. Nurses in the general hospital may request advice from the psychiatric nurse consultant. During the year such consultations dealt with the nursing care of emotionally disturbed patients. All these patients were reviewed with the psychiatric consultant.

During this year, 372 patients were studied in 839 visits. This figure includes 505 revisits, which were spent in treatment. In the medical pavilions, 178 patients were seen in 420 visits. In the Department of Surgery 89 patients received 206 visits; in the Department of Obstetrics and Gynecology 67 patients required 213 visits. In the Department of Pediatrics 38 children were studied and treated. The age of these children varied from early infancy to early adolescence. The attention which such children must receive from the psychiatrist is of a type very different from that of adolescent and adult patients. No attempt is therefore made to express these activities in the number of visits. In addition, the majority of the children are observed by a psychiatrically-trained pediatrician who advises the pediatricians and nurses.

The psychologist administered 21 psychometric tests to 17 children. In the adult in-patient groups in the general hospital, psychological tests were carried out on 17 patients.

5. EDUCATIONAL AND INVESTIGATIVE ACTIVITIES

Education The four year courses of undergraduate teaching of psychiatry at Cornell University Medical College have been changed little. The main change in the graduate training for the resident staff has been the additional emphasis which has been placed on child psychiatry. The aim is to have every senior assistant resident obtain an understanding of the fundamentals of the psychiatric study and treatment of children under 10 years of age.

Facilities for graduate training were expanded considerably when the Department of Psychiatry assumed the obligation of supervising the medical, educational, and research activities of the Franklin Delano Roosevelt Veterans Hospital near Peekskill. A residency system was developed along the lines of that of the Payne Whitney Psychiatric Clinic. The residents will spend the

first two years in the V. A. Hospital and the third year in the out-patient service of the Payne Whitney Psychiatric Clinic.

Psychiatric post-graduate training in the out-patient departments of the Payne Whitney Psychiatric Clinic and of Medicine and Pediatrics has been given to psychiatrists who finished their resident training elsewhere. Two psychiatrists received from the Veterans Administration one-year fellowships for training in psychotherapy. A child psychiatrist from the University of Lausanne received a one-year fellowship from the American-Swiss Foundation for Scientific Exchange. A member of the staff of the University of Montreal came for additional training under a grant from his university. Through generous support from private sources it was possible for Dr. Mary E. Mercer to continue the use of The New York Hospital Nursery School for offering pediatricians an understanding of the behavior of the average young child. The weekly staff conferences with the staff of Medicine A, which included Commonwealth Fund Fellows, have been continued. They are most valuable exercises for psychiatric-medical thinking.

In the undergraduate teaching of nurses in the Cornell University-New York Hospital School of Nursing, the clinical practice has become more effectively supervised. It permits the student to assume more responsibility in the in-patient service. The time in the out-patient department has been planned so that the students gain a good understanding of the functions of such a service and the nurse's role.

A member of the staff has been assigned as course consultant in an experimental project to assist the nursing staff of the general hospital in the recognition of the emotional needs of patients.

In the Occupational Therapy Department students from approved schools have received instruction during the entire year. A student of the New York School of Social Work obtained training in the Social Service Department.

*Psychopathology
and Related
Clinical
Investigation*

Studies in deterioration of thinking have been expanded. The Franklin Delano Roosevelt Veterans Hospital offers a great opportunity to study the progressive deterioration which may occur in schizophrenic, epileptic, and senile disorders. In addition, it

will be possible to compare therapeutic results on a large number of patients.

Investigations of vision and color perception, associated with electroencephalographic observations, have clarified further the nature of electroconvulsive treatment. Studies of adolescent patients by means of the Thematic Apperception Test are in progress. The Minnesota Multiphasic Personality Inventory has given interesting results in the changing psychopathology of a patient under treatment.

Studies in child schizophrenia have been continued. Special attention is given to infantile autism. These patients are treated intensively in the out-patient department.

Psychology Progress has been made in the field of conditioning where the effect of environment has been investigated. The influence of anxiety on the psychogalvanic reflex has been determined on students and patients. The same technique was applied to determine tension which occurs with deception (Lie Detector Test).

Psychological studies in the breeding of rabbits have been continued. Increased knowledge of various breeds is essential for a clear understanding of the experiments which are carried out in the determination of emotions.

*Internal
Medical
Laboratory
Division*

Dr. Ade T. Milhorat and his co-workers have made considerable progress in furthering knowledge concerning muscular dystrophy. A new and simple method for the determination of Vitamin E in the blood was developed. The Vitamin E content of the blood of subjects with psychiatric and muscular disorders was determined. The presence of a heretofore unknown Vitamin E compound in the blood was shown. The occurrence of "wrist stiffness" in rabbits with muscular dystrophy which results from lack of Vitamin E was described. The relation of this "wrist stiffness" to contractures in patients was studied. The anti-stiffness factor in foods was investigated by ultra-violet and infra-red spectrophotometry and has been identified. The effect of cortisone and ACTH on muscular dystrophy was studied further.

Among several studies in electroencephalography might be mentioned the recognition of the influence of anxiety and tension. Promising results have been obtained through metrazol stimulation in patients who showed electroencephalographic findings which might be related to convulsive disorders.

*Neurological
Laboratory
Division*

Under the direction of Dr. Harold G. Wolff, experimental studies have been continued to clarify further the relationship of physical disorders and life stress. The major focus during the past year has been on diabetes, essential hypertension, acne, seborrheic secretion in the skin, cutaneous muscular mechanisms involved in hives and itching, vascular headaches, gastric function, and interactive colitis.

Among other work in progress should be mentioned an attempt to assess in a reliable way the effectiveness of treatment in patients with hypertension, diarrhea, asthma, and headache. To this end, hundreds of items concerning each of the various patients have been listed, including data about the patient and his background, the patient's own evaluation of his attitudes and experience, and the physician's evaluation of the patient in terms of his goals and his past performance.

*Investigations
in the Etiology
of Chronic
Alcoholism*

Satisfactory progress has been made in the study of substances in the blood and emotional reactions, and the influence of alcohol and drugs on them. It was demonstrated that norepinephrine is in the blood when anxiety is present. This substance is tied to the red blood cells. Other physiological studies were directed toward clarifying the role of emotions during ovulation and menstruation in women. Through the Rorschach experiment it was possible to verify the presence of anxiety, tension, and resentment. Dr. Manfred Bleuler was able to finish his study on constitutional and environmental factors. Electroencephalographic observations on these patients offered promising results. Observations and analysis of social behavior led to a better understanding of the individual's relation to a group, and offered a basis for constructive group management and group psychotherapy. The Committee on Problems of Alcohol of the

National Research Council has continued its liberal support of this research program.

Library During the year 151 single volumes, 80 bound periodicals, and 4 theses have been added, and the library now contains 3,270 single volumes, 2,315 bound periodicals, and 62 theses which were printed in the 16th, 17th and 18th centuries. Members of the staff and medical students used the library a great deal.

Addresses and Publications The members of the staff participated in many scientific meetings, and were active in scientific and educational committees. Space will not permit the listing of all these activities. Papers were read by Drs. Stephen Goodyear, Jarrett Ringham, and George J. Wright before the New York Society for Clinical Psychiatry; by Dr. Harold G. Wolff before the American Neurological Association; by Drs. Richard N. Kohl and George J. Wright before the American Psychiatric Association; by Dr. Thomas A. C. Rennie before the National Association for Mental Health; by Dr. J. Louise Despert before the American Orthopsychiatric Association; by Drs. Oskar Diethelm, Charles A. Knehr, Thomas A. C. Rennie, and Livingston Welch before the American Psychopathological Association; by Dr. Carl Binger at the Harvard Medical School; by Dr. Phyllis Greenacre before the Los Angeles Psychoanalytic Society; and by Drs. Oskar Diethelm, Phyllis Greenacre, Thomas A. C. Rennie, and Harold G. Wolff before the New York Academy of Medicine.

A list of the publications from the Department may be found at the end of this report.

Changes in the Medical Staff After having finished his residency, Dr. Francis D. Kane entered private practice in New York, and also assumed charge of the graduate training program in the morning out-patient service. Dr. Exie E. Welsch, because of the pressure of private practice, was not able to continue as head of the Children's Division of the Out-Patient Department. She was succeeded by Dr. Alan W. Fraser. Dr. Stephen Goodyear started private practice in New York, and

Dr. Jarrett Ringham in Louisville, Kentucky. Dr. Peter Regan joined the Armed Forces.

Support from Foundations

This year, continued support was received from the Committee on Problems of Alcohol of the National Research Council for research in alcoholism. Further graduate and postgraduate educational opportunities have been offered by fellowship grants from the Veterans Administration. The Commonwealth Fund has again made contributions toward the joint educational program with the Department of Medicine.

Needs

Planned expansion for psychopathologic and physiologic research, and increased training facilities in child psychiatry have not been possible because the Clinic's endowment and the income from patients were insufficient to meet the proposed expenses.

Acknowledgment

I wish to express my sincere appreciation for the excellent service rendered by the members of the personnel. The various staff members of The New York Hospital and Cornell University Medical College cooperated readily in the study and treatment of patients as well as participating in numerous research projects. The administrative staff of The New York Hospital has again given its untiring cooperation and assistance.

During the past year, as previously, the members of the Payne Whitney Psychiatric Clinic have devoted much of their time and effort to the problems arising in the department. I wish to take this opportunity to express to them my deep gratitude for their advice in these matters.

Respectfully submitted,

OSKAR DIETHELM, M.D.

Psychiatrist-in-Chief.

January 31, 1951

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GIFTS AND BEQUESTS

We suggest that any gift or bequest be made to
"The Society of The New York Hospital for the use
of the Payne Whitney Psychiatric Clinic."

The Psychiatrist-in-Chief will be glad to give you further information about particular needs, or you may feel free to discuss your plans with any one of the following members of the Payne Whitney Psychiatric Committee of The New York Hospital: Edward W. Bourne, George F. Baker, Jr., Hamilton Hadley, Francis Kernan, Laurence G. Payson, and Albert C. Wall.

